**Regd. Head Office: No. 68. Dr. RadhaKrishnan Salai, Mylapore, Chennai – 600004**

**APPLICATION FOR ASSOCIATE LIFE MEMBERSHIP**

(Please type below and submit the soft-copy only)

NAME (IN FULL): ...........................................................................................................................

POSITION/TITLE: ...........................................................................................................................

MAILING ADDRESS.......................................................................................................................

............................................................................................................................................................

…………………………………………………………………Postal Code ...................................

TELEPHONE:

Residence:...........................……..Business……......................... Mobile.........................................

E-Mail:...............................................................................................................................................

Qualification(s) with name of University and year.…………………...............................................

............................................................................................................................................................

............................................................................................................................................................

ACTIVE INVOLVMENT IN FORENSIC ODONTOLOGY OR RELATED FIELD:

........ ................................................................................................................................................... ………………....................................................................................................................................

LIST OTHER ORGANISATIONS OR SOCIETIES OF WHICH YOU ARE A MEMBER: ..............................................................……………………………………………………………...……………………………………………………………………………………………………...

………………………………………………………………………………………………………

I have readthe **Rules of Professional Conduct**, endorse and will abide by the Indian Asso-ciation of Forensic Odontology (IAFO), India. I am desirous of joining the IAFO, India.

Applicant's signature:.........................................................................................................................

Place.......................................................................Date....................................................................

Sponsorship:

I have known the candidate for....................................years and confirm that the candidate is eligible for membership and I recommend the membership.

Endorsed by:...................................................................................................................................... Signature:...........................................................................................................................................

It is required to provide a curriculum vitae, including copies of the graduation and registration certificates and other relevant documents where the applicant cannot indicate a sponsoring member, which would assist the Membership Committee in the evaluation of the candidacy.

Note: Associate Membership fee as a Cheque/Draft/NEFT for Rs. 5000 (in the name of INDIAN ASSOCIATION OF FORENSIC ODONTOLOGY, payable at Dharwad); for details, contact the email address below).

**The completed form may be emailed (****info@iafo.in****) to the Honorary Secretary of the IAFO, Department of Forensic Odontology, S.D.M. College of Dental Sciences & Hospital, Sattur, Dharwad – 580009, Karnataka.**

Action Taken:……………………………………Membership approved on ……………………

Signature of the Hon. Secretary …………………………………………………………………..